

FIG. 1
PRIOR ART

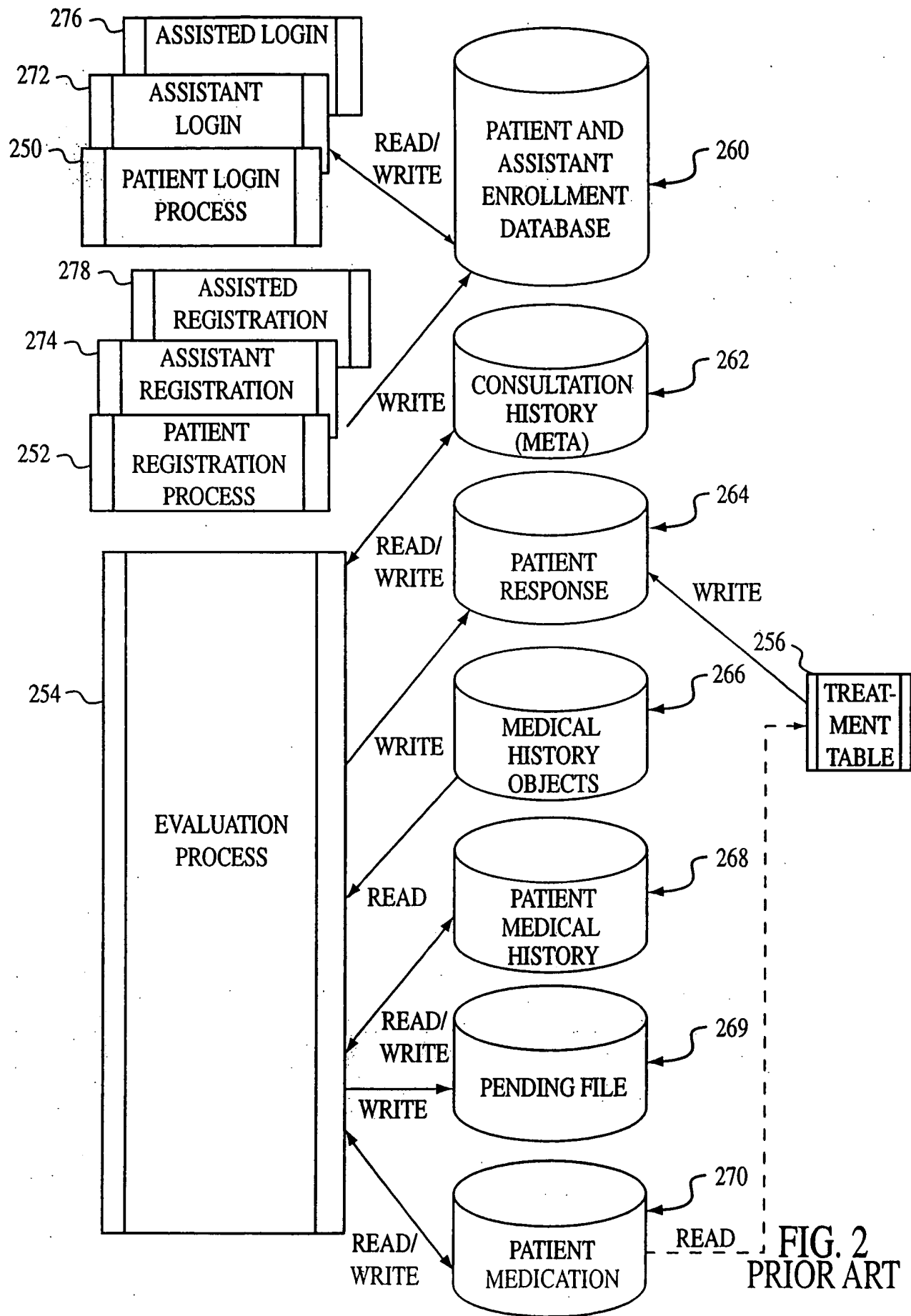


FIG. 2
PRIOR ART

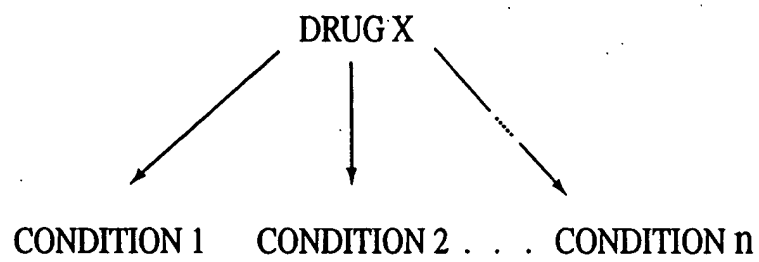


FIG. 3A
PRIOR ART

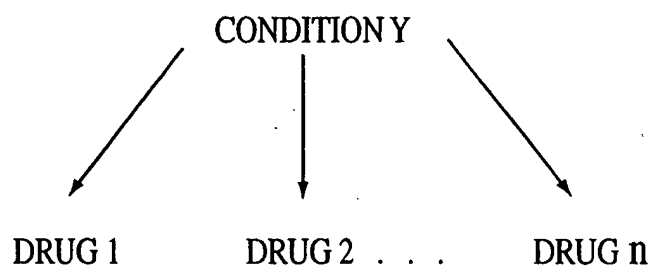


FIG. 3B
PRIOR ART

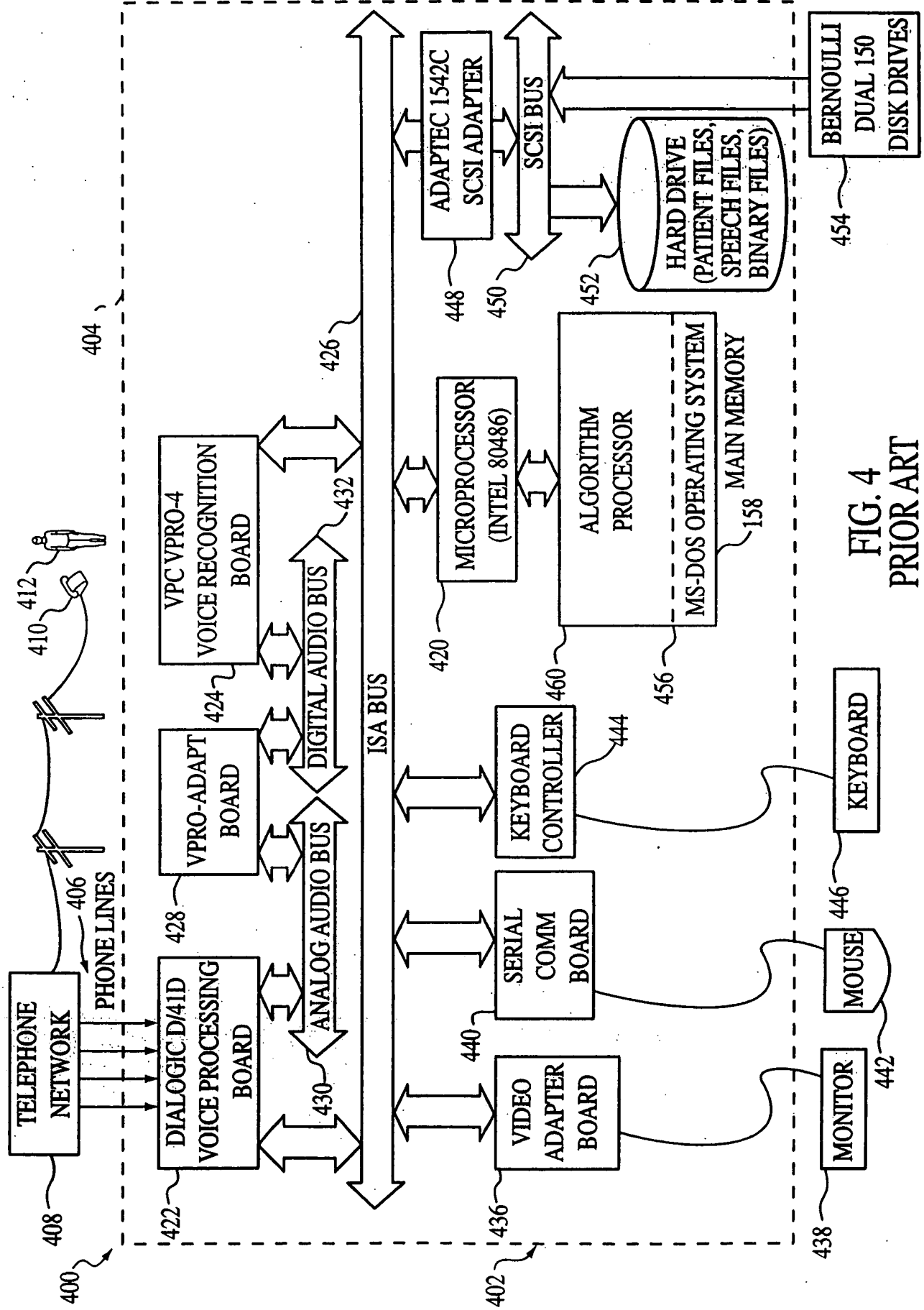


FIG. 4
PRIOR ART

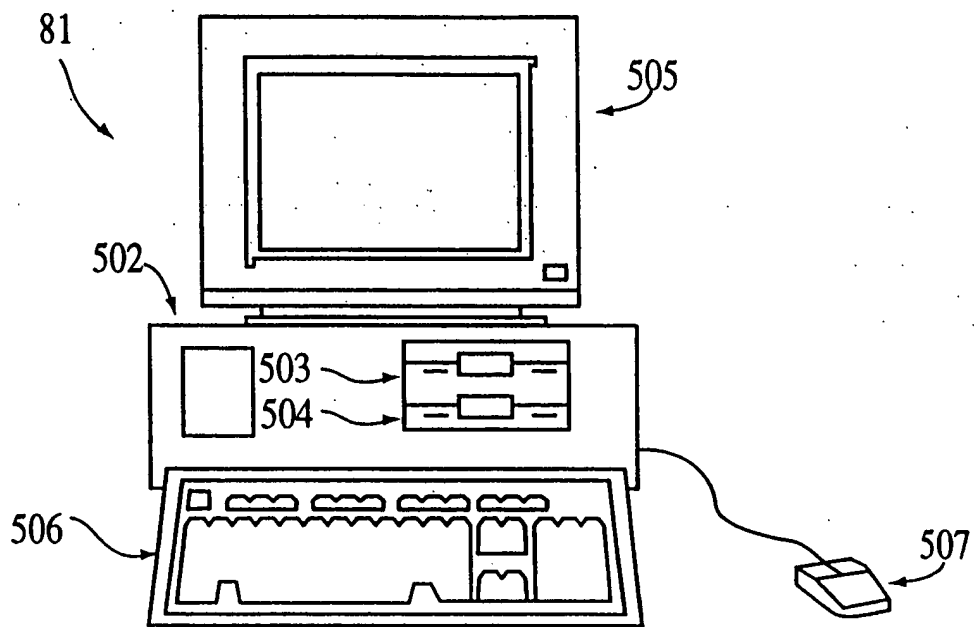


FIG. 5

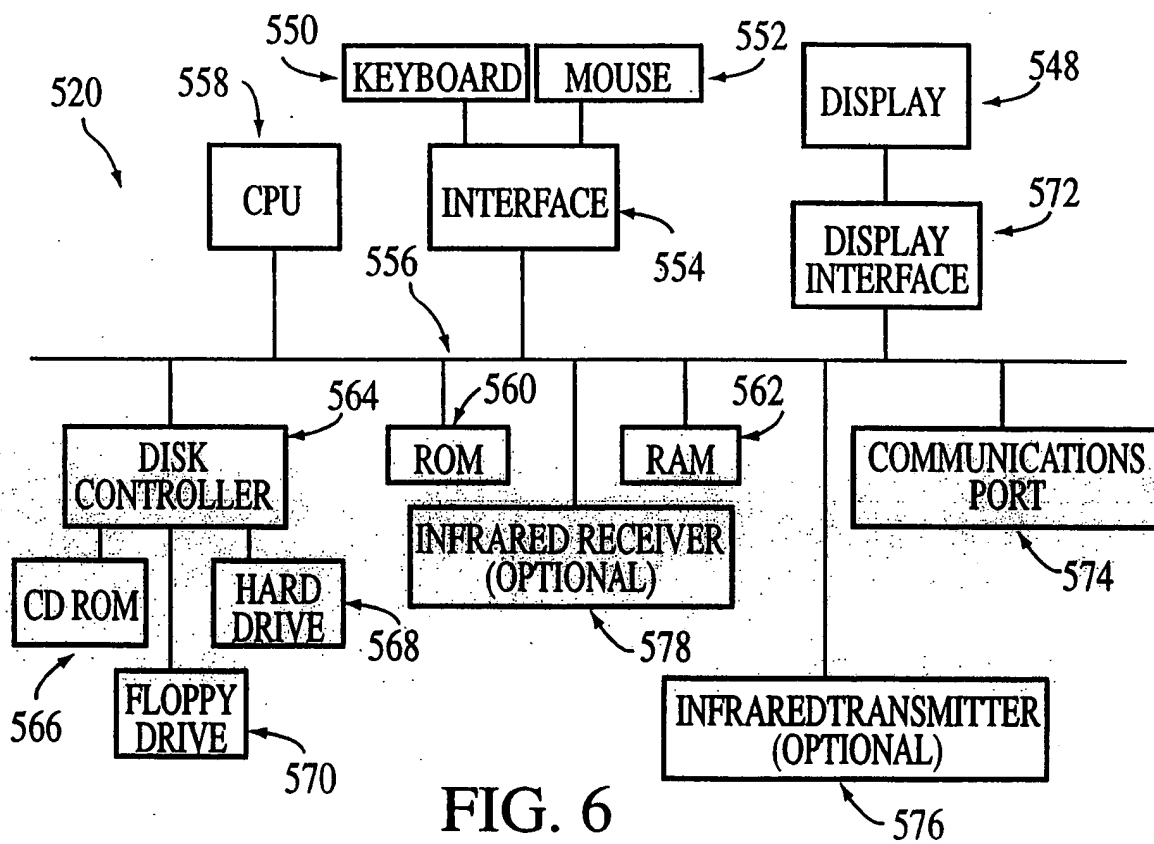


FIG. 6

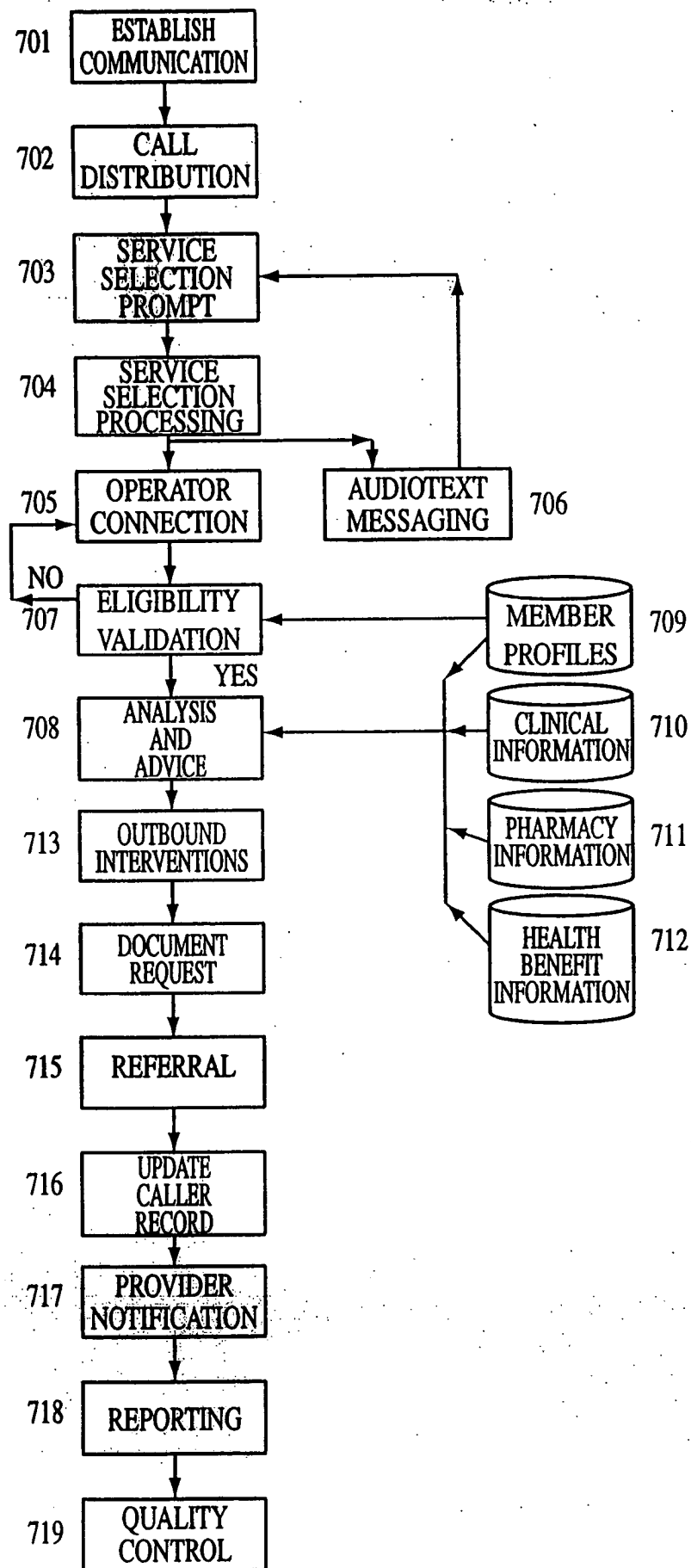


FIG. 7

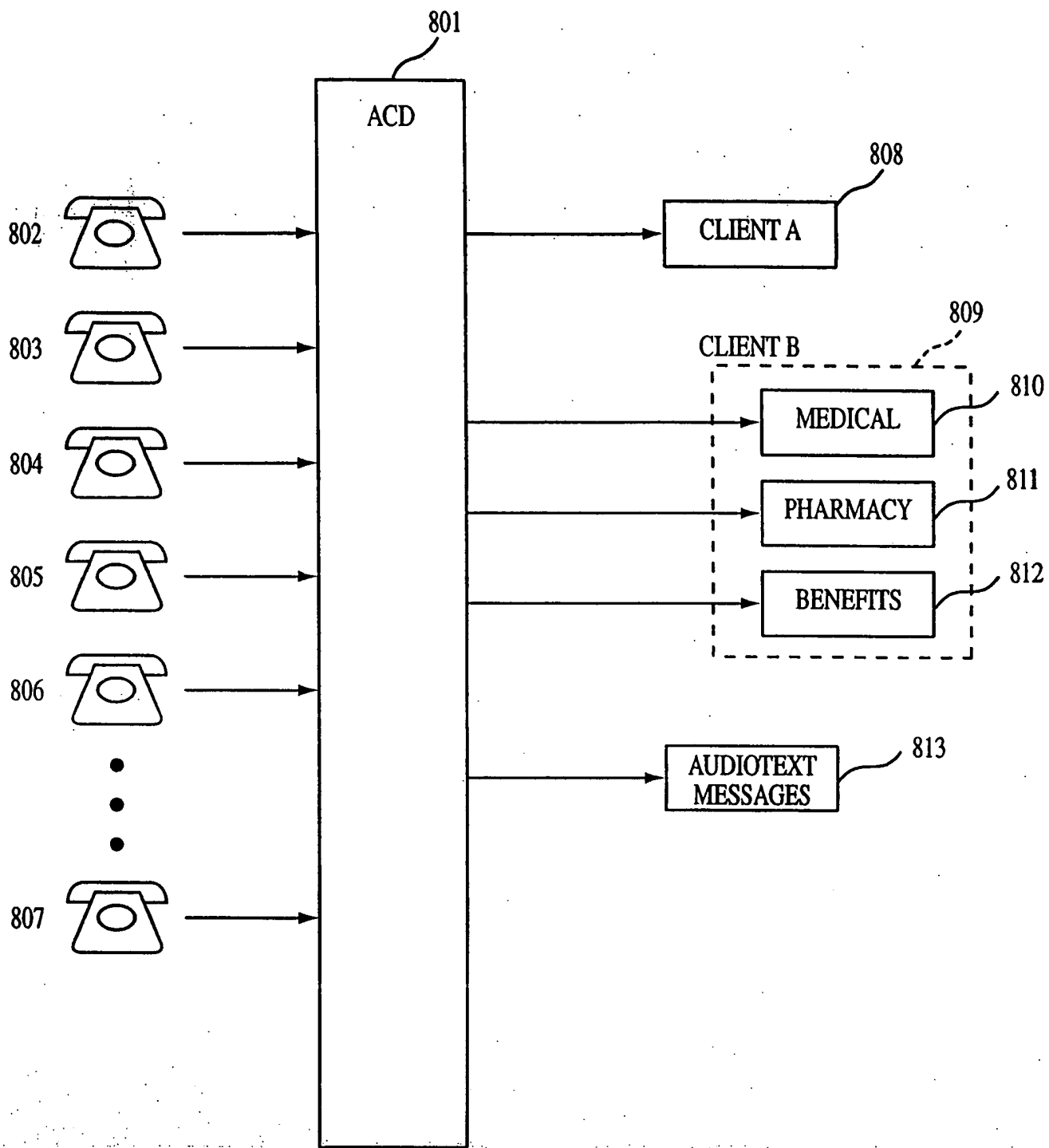


FIG. 8

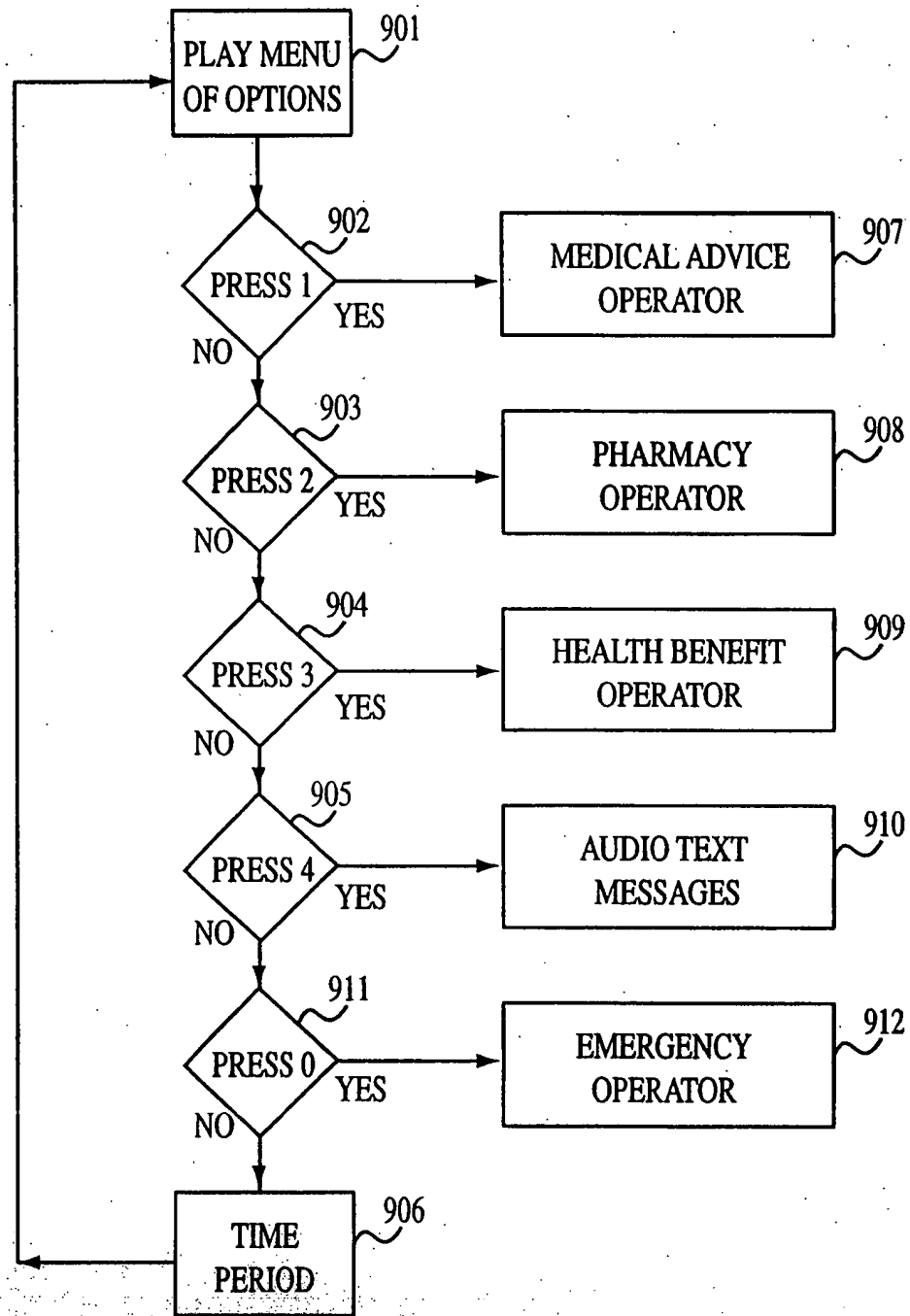


FIG. 9

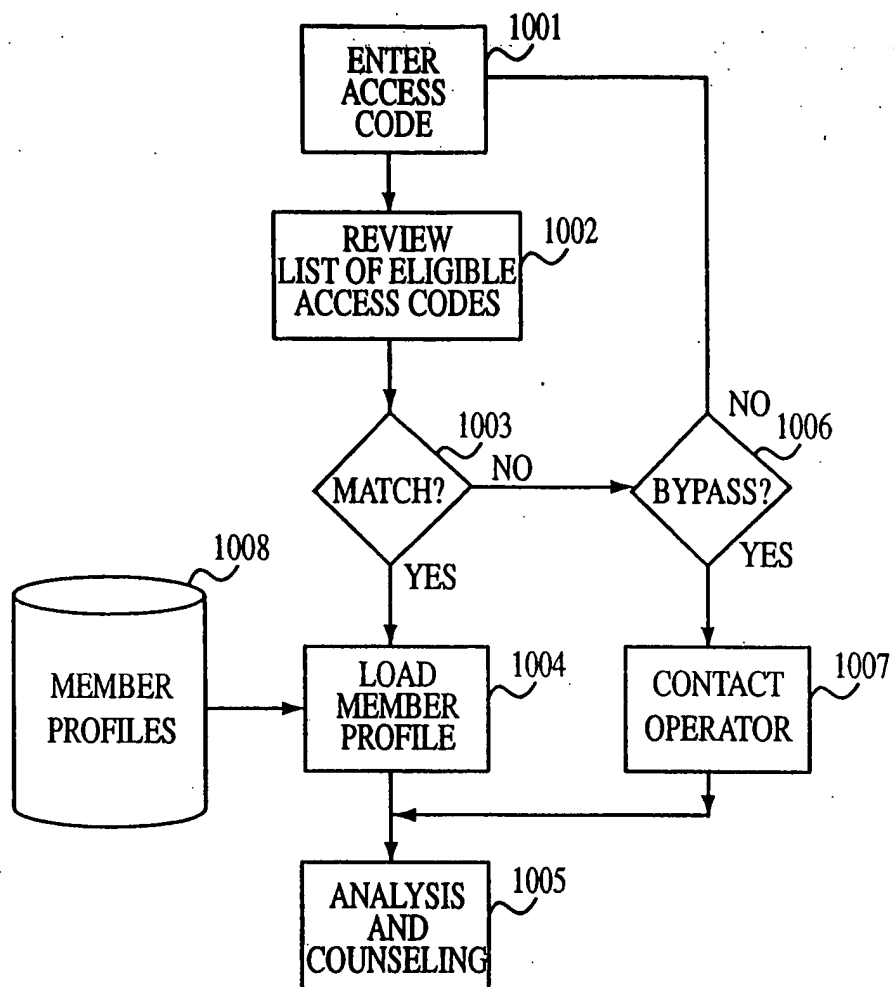


FIG. 10

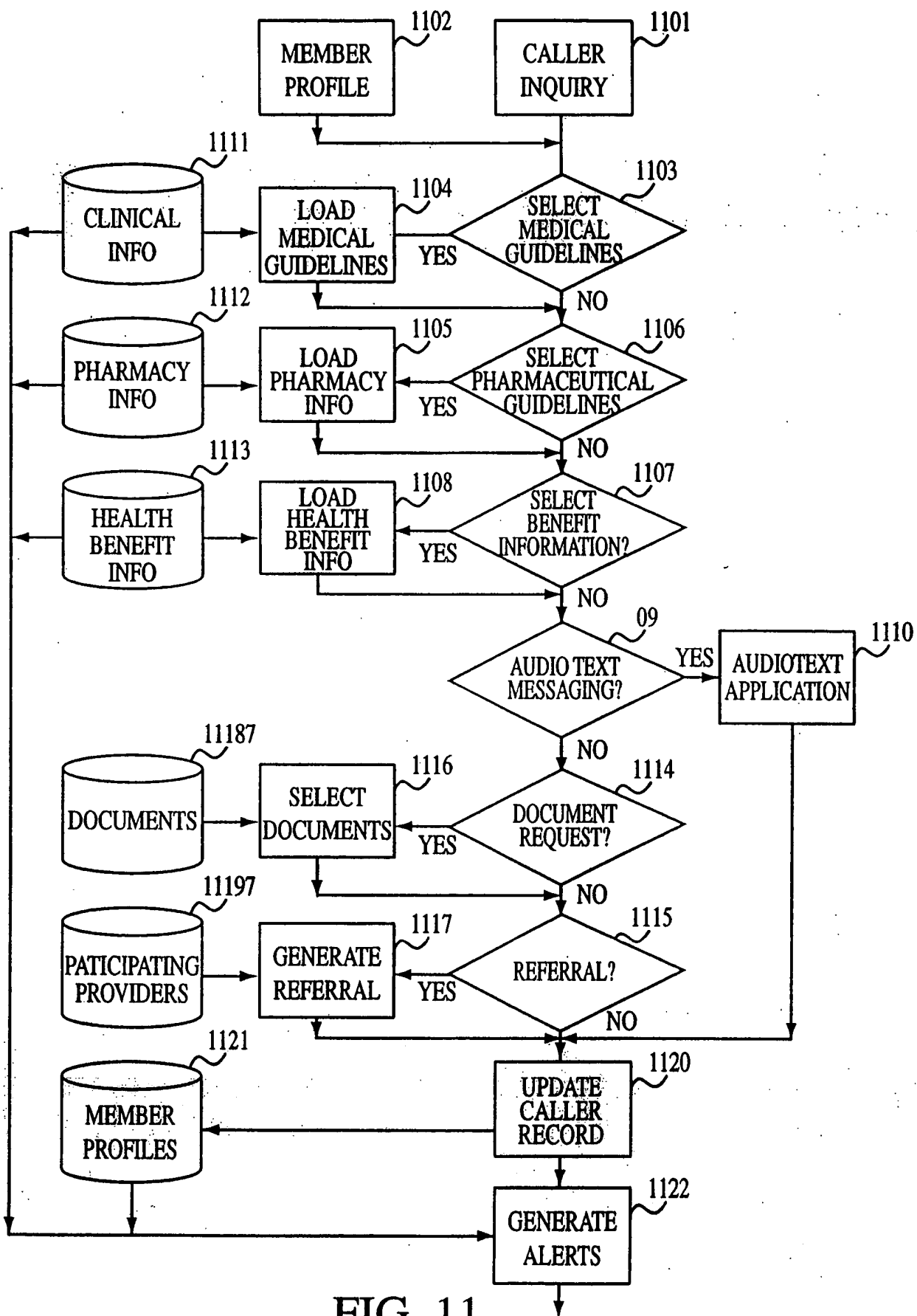


FIG. 11

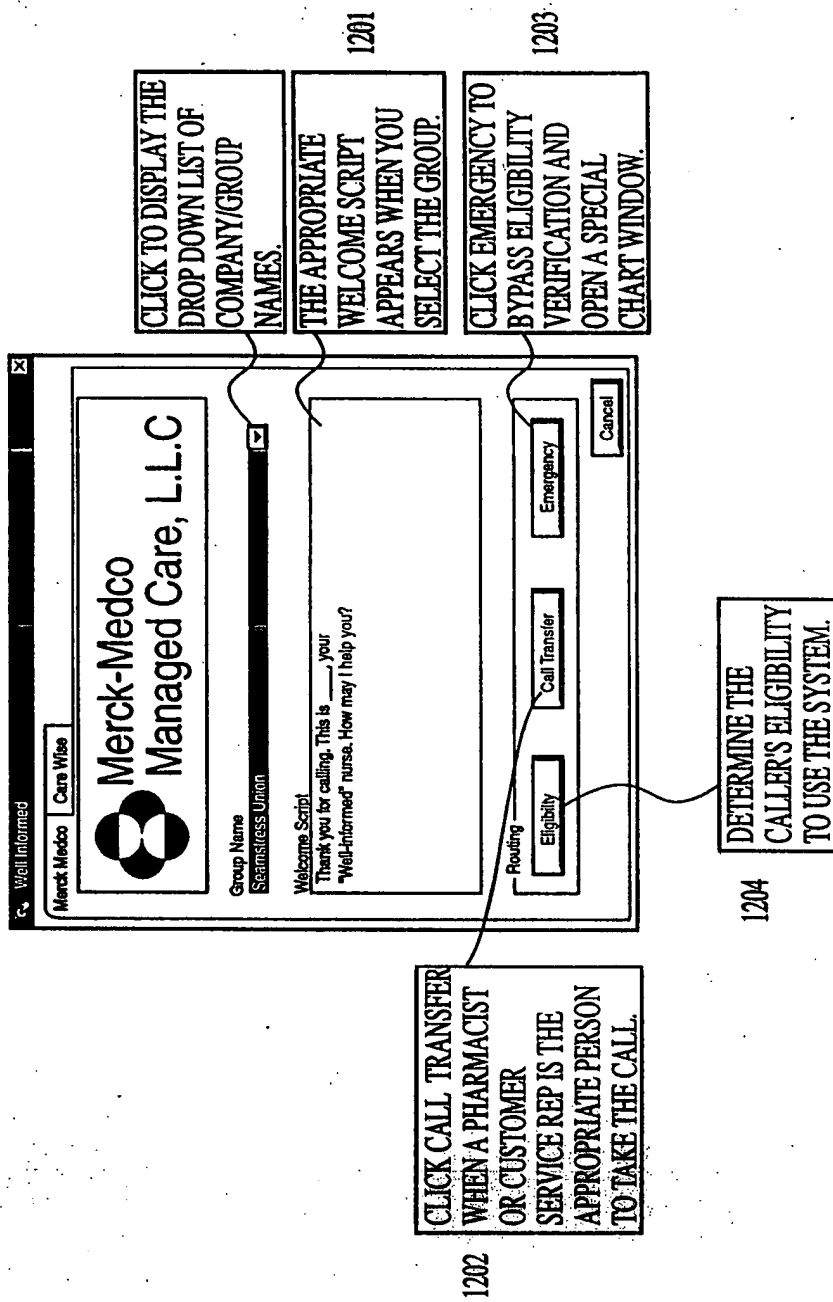


FIG. 12

Call Transfer (SEAMSTRESSES' UNION)

Select Transfer Type:

Transfer Details _____

Speed Dial _____

Phone Number _____

Transfer to Administration
Transfer to Customer Service
Transfer to Pharmacist

Cancel

FIG. 13

Well Informed

Services: Screen 1st Tocher Window Help

Open List Demographic Transfer Internal EPI AL Company

Chart: EMERGENCY EMERGENCY (Ang 01) ... Age 01

Concern History New Concern

ER-EMERGENCY (TEST, 12/22/1997 13:30)

summary

CALLER: EMERGENCY EMERGENCY (JUNK) EMERGENCY EMERGENCY (JUNK)

Entering Decision: Custom Decision:

Guideline Disposition:

Entry Call Notes Auto Log

Presenting Concerns:

Symptoms Began: Min. Hr. Day Wk. Mth. Yr.

Selfcare Treat:

Diagnostic System: ER-EMERGENCY

Guideline Approach: STAMPTON

BURNS	CHEST	CHOKING
FROSTBITE	HEMORRHAGE	HYPOTHERMIA
SOB/DIFF. BREATHING		

History Selected

Reference

Close

Ready

CALLER AND
CUSTOMER ARE
PRESET TO
"EMERGENCY."

PROFILE AND Rx
HISTORY ARE NOT
AVAILABLE.

EMERGENCY
KEYWORDS AND
GUIDELINES ARE
PRESET.

FIG. 14

Well Informed									
Services: Screen for Window Help <input type="button"/> Open <input type="button"/> List <input type="button"/> Demographics <input type="button"/> Transfer <input type="button"/> Referral <input type="button"/> Edit									
Profile ELENA PLANKS MEMBER, Age 23 years) ELENA PLANKS (MEMBER, Age 23 years) <input checked="" type="checkbox"/> Share Additions with Other Family Members									
Add Allergy		Access	Allergy	Reaction	Entered	Reviewed	OK to Share	Comments	
		PRIVATE	Hayfever		01/16/1998	01/16/1998	<input type="checkbox"/>		
Add Rx			Medications	Entered	Ended	Reviewed	OK to Share	Comments	
		PRIVATE	Soldane	01/16/1998	00/00/0000	01/16/1998	<input type="checkbox"/>		
		PRIVATE	Other	01/16/1998	00/00/0000	01/16/1998	<input type="checkbox"/>	ledipine	
Add Chronic			Chronic Illness	Entered	Ended	Reviewed	OK to Share	Comments	
		PRIVATE	Asthma	01/16/1998	00/00/0000	01/16/1998	<input type="checkbox"/>		
Add Contrib.			Contributing Factor	Entered	Ended	Reviewed	OK to Share	Comments	
		PRIVATE	None	01/16/1998	00/00/0000	01/16/1998	<input type="checkbox"/>		
Reviewed		Do Not discuss any record with PRIVATE access that has a Stop Sign beside it.					<input type="button"/> OK	<input type="button"/> Cancel	

GUIDELINE NAME
(NOTE THE CONDITION
GUIDELINE
INDICATOR)

1601

EACH GUIDELINE
QUESTION HAS ITS
OWN ANSWER
OPTIONS (YES/NO)
AND GUIDELINE
DISPOSITION.

1602

SELECT THIS CHECK
BOX TO CONFIRM
CALLER UNDER-
STANDING.

1603

1604

Question	Answer
1. Any redness/ red streak/ warmth/ tender swelling/ pus/ fever 101 or higher/ chills/ lymph nodes	<input type="radio"/> Yes <input type="radio"/> No
2. Symptoms worsen/ do not improve after one week of self care	<input type="radio"/> Yes <input type="radio"/> No
3. Itching is severe and is not relieved by self care	<input type="radio"/> Yes <input type="radio"/> No
4. Generalized eruptions/ eyelids, face, or genitals are involved	<input type="radio"/> Yes <input type="radio"/> No
5. Dermatitis interferes with ability to carry out professional or personal responsibilities/ is causing increased emotional stress	<input type="radio"/> Yes <input type="radio"/> No
6. ALL TRIAGE answers are "NO"	<input type="radio"/> Yes <input type="radio"/> No

Caller understands the information/instructions given ☐

Guideline Unit Autolog Script Close

A YES ANSWER
SELECTS A GUIDE-
LINE DISPOSITION.

CLICK TO RECORD
HIGHLIGHTED TEXT
(RATIONALE, ETC.).

CLICK TO CLOSE THE
WINDOW AND SAVE
THE GUIDELINE
DISPOSITION IN THE
CHART.

CLICK TO SELECT AND
OPEN ANOTHER
GUIDELINE.

FIG. 16

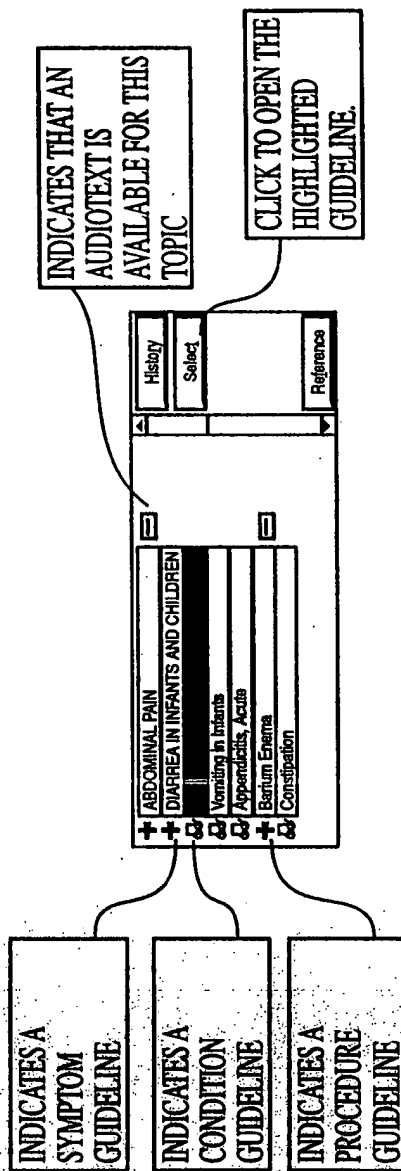


FIG. 17A

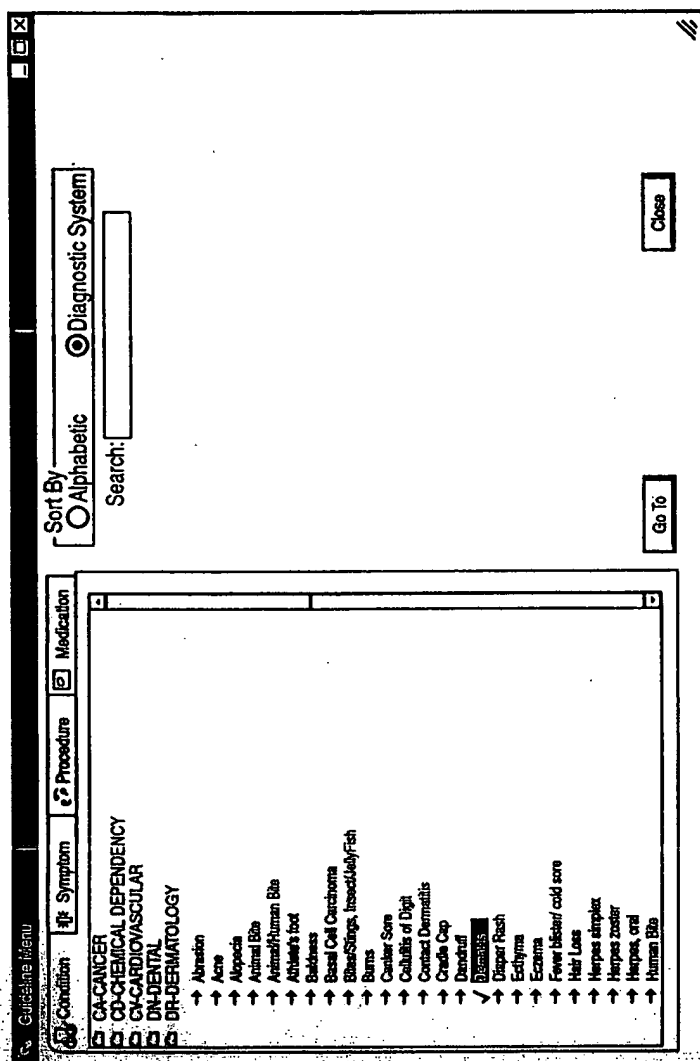


FIG. 17B


<div> <div>  </div> <div> C. GNEATS </div> </div>		<div> <div>OK</div> <div>Cancel</div> </div>
<div>Disclaimer</div>		<div> <input type="radio"/> Discussed <input type="radio"/> Not Appropriate </div>
<div> If your symptoms change or you become uncomfortable, contacting your doctor is always an option </div>		

FIG. 18

Well Informed																																	
Services Screen List Toolbar Window Help																																	
<p>Chart YVONNE GIBSON MEMBER age: 37 years), KEISHA B GIBSON (CHILD, Age: 17 years)</p> <p style="text-align: right;">Assessment</p>																																	
Concern History		New Concern		Pre History		HEDIS																											
<p>DR-DERMATOLOGY (PWITT, 2/27/1998 1:26 PM)</p>																																	
SUMMARY		<p>Diagnostic System DR-DERMATOLOGY</p> <p>Guideline Approach SYSTEM</p>																															
CALLERS:		CUSTOMERS:																															
YVONNE GIBSON (MEMBER, Age:)		KEISHA GIBSON (CHILD, Age: 17 y)																															
Entering Decision:		Triage Level of Care: PCP +																															
Guideline Disposition:		Confirmed Customer Decision:																															
<input checked="" type="checkbox"/> Entry <input checked="" type="checkbox"/> Call Notes <input checked="" type="checkbox"/> Auto Log																																	
<p>Presentation Concerns: itching red skin on arms & legs</p>																																	
<p>Symptoms Began <input type="radio"/> Min. <input type="radio"/> Hr. <input type="radio"/> Day <input checked="" type="radio"/> Wk. <input type="radio"/> Mth. <input type="radio"/> Yr. 1 </p>																																	
<p>Self-care Tried: _____ tion </p>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Guideline Approach</th> </tr> <tr> <th>DR-DERMATOLOGY</th> <th>SYSTEM</th> </tr> </thead> <tbody> <tr> <td>PEELING SKIN</td> <td>PIMPLE</td> </tr> <tr> <td>PUBIS</td> <td>PUNCTURE</td> </tr> <tr> <td>RED/PINK RASH</td> <td>REDNESS</td> </tr> <tr> <td>SCALY</td> <td>SKIN</td> </tr> <tr> <td>SPLINTER</td> <td>SUNBURN</td> </tr> <tr> <td></td> <td>SWEATING</td> </tr> <tr> <td></td> <td>RING SHAPED</td> </tr> <tr> <td></td> <td>SNAKE BITE</td> </tr> <tr> <td></td> <td>PUS</td> </tr> <tr> <td></td> <td>PINK CHEEKS</td> </tr> </tbody> </table>										Guideline Approach		DR-DERMATOLOGY	SYSTEM	PEELING SKIN	PIMPLE	PUBIS	PUNCTURE	RED/PINK RASH	REDNESS	SCALY	SKIN	SPLINTER	SUNBURN		SWEATING		RING SHAPED		SNAKE BITE		PUS		PINK CHEEKS
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	PINK CHEEKS																																
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FIG. 19

Year	External References	YOUNG GIBSON, KEISHA B GIBSON	<input checked="" type="checkbox"/> Signs_Symptoms <input checked="" type="checkbox"/> General Information <input checked="" type="checkbox"/> Treatment Options <input type="checkbox"/> S/C_Caveat <input type="checkbox"/> Triage Categories	<input type="checkbox"/> Indications/Dosage <input type="checkbox"/> Drug Interactions <input type="checkbox"/> Side Effects <input type="checkbox"/> Contraindications
2001	<input checked="" type="checkbox"/> CareWise Guide Comments= additional self-care info			
2002	<input checked="" type="checkbox"/> CareWise Guide for Older Adults			
2003	<input type="checkbox"/> Control Comm. Diseases			
2004	<input type="checkbox"/> Mayo Family Health Bk			
2005	<input type="checkbox"/> Mosby's Dr and Lab Test Ref.			
2006	<input type="checkbox"/> Nursing 97 Drug Handbook			

Referral System

Caller: **YVONNE GIBSON** Insurance Plan: **SEAMSTER/DESSEY UNION**

Zip Code: **SEATTLE** City: **SEATTLE** State: **WA** Search Clear

Phone No.: **() -** Gender: ☐ Male ☐ Female ☐ In Network ☐ Out of Network

Language: **Hours:**

Providers

- ☒ FAMILY PRACTICE
- ☒ GENERAL PRACTICE
- ☒ INTERNAL MEDICINE
- ☒ NEPHROLOGY
- ☒ NURSE MIDWIFE
- ☒ OBSTETRICS/GYNECOLOGY
- ☒ OPHTHALMOLOGY
- ☒ PEDIATRICS
- ☒ PULMONARY DISEASE

Ref'd Name Phone Fax Gender Age Ans Ser

☐ WILLIAMSON, ALAN (206) 555-3828
ROCHESTER PARK MEDICAL GRP
849 PAUL RD # 200
SEATTLE, WA 98104

☐ VENKALA, LEILA
FAMILY PRACTICE
579 JEFFERSON AVE
SEATTLE, WA 98105

☒ FREDERICK, MARCIA B (206) 555-4732
ROCHESTER PARK MEDICAL GRP
560 WHITE SPRUCE BLVD
SEATTLE, WA 98104

☐ FAMILY PRACTICE

Set Caller PCP **Leila Venkala, MD** Print/Fax

Set Customer PCP **Leila Venkala, MD** Offices

OK Cancel

FIG. 21B

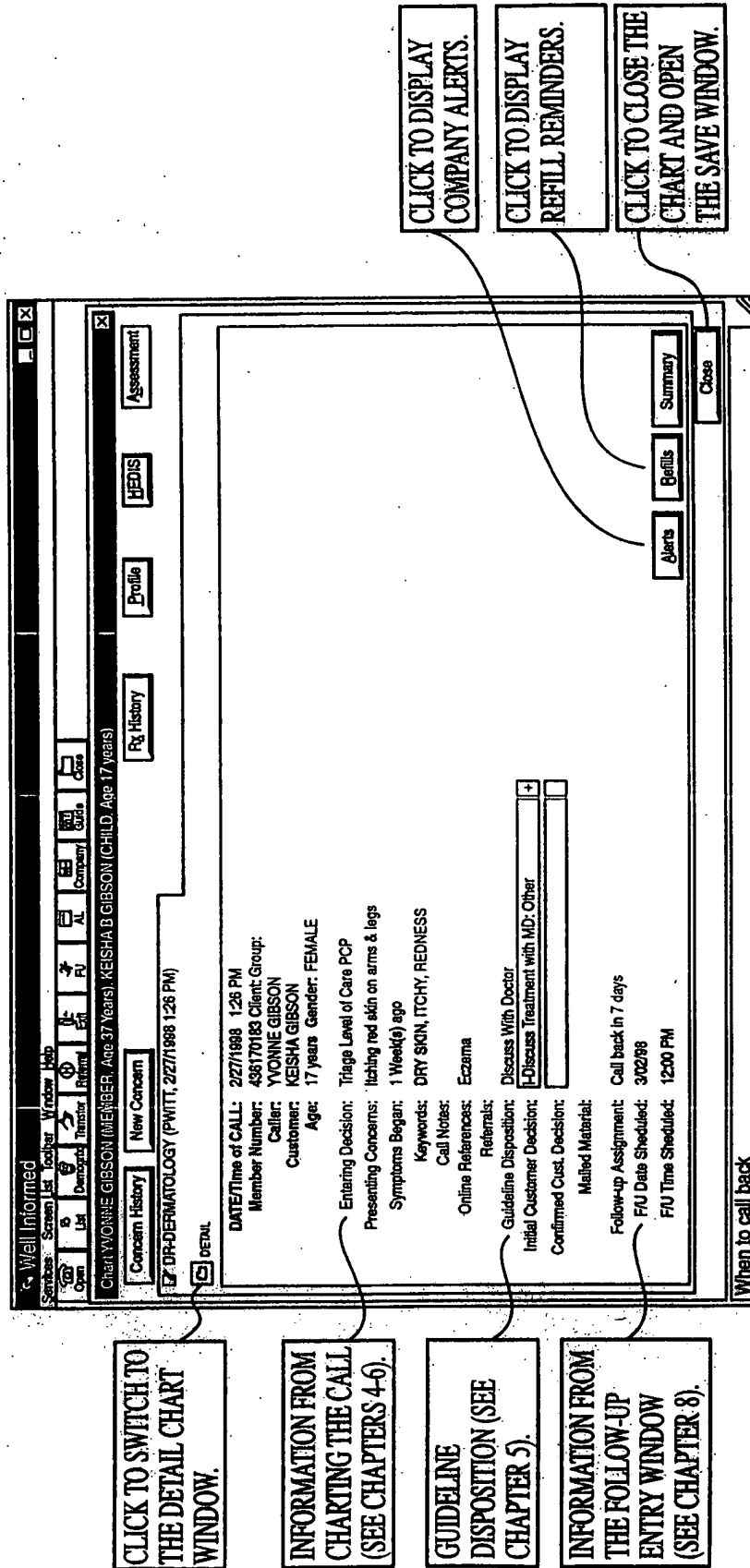


FIG. 22

THE TITLE BAR
SHOWS THE CALLER
AND CUSTOMER OF
THE OPEN CHART.

**CLICK TO ADD THE
FOLLOW-UP ACTION
ON THE TAB TO THE
ASSIGNMENT LIST**

**CLICK TO CLEAR THE
INFORMATION ON
THE TAB.**

**CLICK TO SAVE THE
ASSIGNMENT LIST.**

**CLICK TO CLOSE THE
WINDOW WITHOUT
SAVING ASSIGNED
ACTIONS.**

**ENTER INFORMATION
ABOUT THE FOLLOW-
UP ACTION ON THE
APPROPRIATE TAB.**

**CLICK TO COPY
PHONE OR ADDRESS
SHOWN ON THE TAB
TO THE DATABASE.**

**CLICK TO OPEN THE
DEMOGRAPHICS
WINDOW AND EDIT
PHONE OR ADDRESS
INFORMATION.**

FIG. 23